REQUEST TO RECIPROCATE FROM MIAMI-DADE COUNTY

Name:	
Company's name:	
Address:	
State/Zip:	
Phone #:	
Ι,	
to be sent to	
Date of examination/grade:	
SS#:	
Гrade (example: Journeyman mechanical / Ma	
	Sincerely,
	(Applicant's name)

Please note that further applications and fees might be required by the reciprocating county's licensing office. Also, be aware that the reciprocity letter that you are requesting will be sent directly to the reciprocating county.

In order to **expedite** the process you may include any official documentation showing the exact date of exam and/or scores of exam.

Make check payable to: Miami-Dade County (\$21.00).